

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90016 037 ***150.00

DOCUMENT # P05000082183

1. Entity Name
NAAR INVESTMENT GROUP INC



Principal Place of Business
**11338 SW 184TH ST.
MIAMI, FL 33157**

Mailing Address
**11338 SW 184TH ST.
MIAMI, FL 33157**

40063714



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
72-1600927

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, NADEIDA I
1017 ALIDO AVE
LEHIGH ACRES, FL 33971**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERNANDEZ, NADEIDA I
11338 SW 184TH ST.
MIAMI, FL 33157** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Nadeida I. Hernandez ☒ Change ☐ Addition
1017 Alido Ave.
Lehigh Acres, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HERNANDEZ, ARMANDO
11338 SW 184TH ST.
MIAMI, FL 33157** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Armando Hernandez ☒ Change ☐ Addition
1017 Alido Ave.
Lehigh Acres, FL 33971**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nadeida I. Hernandez
Nadeida I. Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/08
Date

(305) 962-4062
Daytime Phone #